

Idaho Council on Domestic Violence and Victim Assistance

Domestic Violence Offender Intervention Program

APPLICATION for NEW TRAINEE Cover Sheet

Date:	
Applicant Name:	
Agency/Organization Name:	
Program Supervisor Name:	
Telephone Number:	Email Address:
Mailing Address:	
City:	Zip Code:
Website Address:	
	Checklist
To be complete, a new trainee applica	ation must include the following:
Program Cover Sheet/Checklis	t t
Application Form	
Signed Statement	
Current Criminal History/Back	ground Check (within previous 6 months)
By signing below, I acknowledge I have ro by the Offender Intervention Program C	eviewed this application and approve submittal to ICDVVA for consideration ommittee.
Program Supervisor Signature	Date

APPLICATION for NEW TRAINEE

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A trainee is a paid or volunteer staff person who has not complete the minimum requirements. A trainee may
serve as a co-facilitator of groups with a Direct Service Provider or Program Supervisor but may not facilitate a
group alone. An individual may be considered a trainee for no more than two (2) years unless exceptional
circumstances are demonstrated and provisional approval is granted, subject to additional requirements.

Name of Trainee		Start Date
	_	
	_	

APPLICATION for NEW TRAINEE

Signed Statement

Program:		
Applicant Name:		
Have you ever been convicted of a felony or misdemeanor?	Yes	No
Have you even been convicted of a crime involving violence?	Yes	No
Have you ever been charged with a crime involving violence, moral, or sexual issues?		No
Have you ever received a deferred sentence or had judgment withheld for a crime involving violence, moral, or sexual issues?	Yes	No
Have you ever been charged with a professional ethics violation?	Yes	No
Have you ever been named as a defendant or respondent in any civil or criminal action with the allegation of the use of threatened or actual violence?	Yes	No
If you answered "yes" to any of the above questions, please explain:		
Any program staff has an ongoing duty to report, within 72 hours, to their a action in which they are named as defendant or respondent with the allegation to use violence. The agency shall forward information regarding the incided Domestic Violence and Victim Assistance within 72 hours of its notification.	on they used o	r threatene
Signature:		
Date:		